STATE OF NEW HAMPSHIRE

PLEASE PRINT

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE

I. Name of Lobbyist(s	s) Kobert L. Best		LEPARTMENT OF STA
II. Name of lobbyist's	s partnership, firm or corporation, if	any:	
Sulloway & H	ollis, P.L.L.C.		
	ne of partnership, firm or corporation)		
9 Capitol Stree	et, Concord, NH 03301		
Business Address: (Str		(State)	(Zip Code)
(603) 224-2341	(603)226-2404	e-mail rbest@	sulloway.com
(Telephone)	(Fa		
	overs: (Choose one – file separate reporansactions which are not attributable		may file a separate report fo
☐ All reportable trans	sactions occurring in the months prior to	the reporting date relative to	the following client:
CLM			
	(Full Name of Client as it appears on the L	obbyist Registration Form)	
OR All reportable trans unrelated to any particular.	actions by the lobbyist (including the loular client.	bbyist's family), or the lobby	ing firm listed below which ar
IV. Date of Report	April 25, 2018 🛘	July 25, 2018	
	ity from date of registration to 3/31/18	activity from 4/1/18 to 6/30.	/18
	October 31, 2018 (V activity from 7/1/18 to 9/30/18	January 30, 2019 [activity from 10/1/18 to 12	
V. There have been If this box is checked, a Concord, NH 03301.	no fees received and no reportable complete just this form and submit it to	e transactions made since the Secretary of State's Office	e the last report. \(\sigma\) c. State House, Room 204,
VI. Check if addition	al reports are attached:		
	ed fees or made expenditures, you must	file Addendum A- Fees and	l Expenses
☐ If you have paid as Expense Reimburseme	n honorarium or reimbursed expenses, y	ou must file Addendum B-	Report of Honorariums or
☐ If you, your firm,	or your family has made political contri	butions, you must file Adden	dum C- Political Contribution
I have read RSA 15, R	<u> </u>	hereby swear or affirm that the $\frac{i \theta /3i /3}{(1 + \frac{1}{2})^2}$	
Robert L. Best			
(Print Name of Jobbyi	st)		